Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL053026 05/18/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1115 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (0.05)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant conducted on 05/18/2016. CONSTRUCTION SECTION Records indicate this facility was first licensed on AUG 0 1 2016 05/01/1998. The facility is currently licensed as a 85 Beds Special Care Unit. Therefore the facility RECEIVED was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/BUPPLIER REPRESENTATIVES SIGNATURE

STATE FORM

K9DN

If continuation sheet 1 of 7

(X6) DATE

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL053026 05/18/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1115 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 Based on observation the facility does not meet building code requirements in effect at the time of alteration or renovation to convert the facility into a special care unit with special locking. Finding on 05/18/2016: a. A schematic diagram of the special locking system is not mounted adjacent to the fire alarm panel. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND All work in progress FURNISHINGS (a) Adult care homes shall: working from 4st and feecility curent (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based Observation the facility has not kept the walls and floor coverings clean and in good repair. Findings on 05/18/2016: The walls are scarred, gouged and paint has been scraped from the wall . Men and Women's Halls - Corridor floor are dingy and have no evidence of being waxed. most completed by corpets will be replaced as Finances allow

Men's and Women's Halls - The Corridor hand

Men's and Women's Halls - In many of the

rails are sticky to the touch.

Division	of Health Service Re	gulation			N	UPUEV]
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
ANDIEN	or obstraction		A BUILDING.	• •		
		HAL053026	B. WING		05/18	3/2016
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
MAGNOL	IA HOUSE RETIREM	ENT CENTER	THAGE STRI	EET		
		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
(X4) ID PREFIX TAG	(FACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	DATE
C 164	Continued From pa	ge 2	C 164			
	resident rooms the the interior of the re the gypsum board i	corner base on the walls on esident rooms is missing and s damaged.				
	bathroom wood do scarred, some with room entrance doo limited to the exam Rooms 11, 15, 16,					
	6. Offices - The car	rpet is loose, worn and torn.				
C 166	SECTION .0300 - 8 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not m 1. Based on observas not maintained containing gas fire operating correctly not properly ventila accumulation harm effect all residents	06 HOUSEKEEPING AND		Completed hile surveyer on sist will continue to monitar daily unanhence as over seen by	py,	5.18.16
	tested for CO by a	016: Heater Room - The room was P.S.N.C. service technician owed CO levels exceeded the		designer		

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 05/18/2016 HAL053026 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1115 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 3 amount considered to be safe. 2. Based on observation the facility was not maintained free from hazards. Guardrails and grab bars that are not secured cannot support residents who require the guardrails to help with mobility/stability. Findings on 05/20/2016: a. Women 's Hall - Nurse's Station - The handrail is detached from its attachment bracket. b. Women's Hall, Room #43 - There is not grab bar in the shower stall. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated. Finding on 05/18/2016: a. Short Corridor, Beauty Shop - The hand held rinse wand does not have a vacuum breaker on the water supply. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and

operating condition.

(k) This Rule shall apply to new and existing

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL053026 05/18/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1115 CARTHAGE STREET MAGNOLIA HOUSE RETIREMENT CENTER SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 4 C 189 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation there is a failure to maintain the facility's fire safety systems in a safe All work will be completed by prevent faither occurances maintence manner. Fire resistant rated ceilings must be free of gaps and openings. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Findings on 05/18/2016: a. Men's Hall Community Bath - There is a gap in the fire resistant ceiling around the exhaust fan b. Women's Hall, Adjacent to Room #40 - A layer will monitor 1 daily and administrated or designee will be evere of gypsum board that is a component of the ceiling access hatch cover is broken and has produced a large gap in the ceiling hatch cover. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Doors are required to completely close and latch in the event of a fire. The occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin. Findings on 05/18/2016: a. Nurses' Station Restroom - The door will close but does not latch to remain closed. b. Women's Hall, Room #27 - The door will close

but does not latch to remain closed.

Men and Women's Hall Doors to utility rooms,

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY	
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HAL053026		B. WING	05/18/2016	

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STREET ADDRESS, CITY, STATE, ZIP CODE

MAGNOLIA HOUSE RETIREMENT CENTER 1115 CARTHAGE STREET SANFORD, NC 27330				
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Continued From page 5	C 189			
closets and storage rooms did not have positive latching hardware as evidenced but not limited to the examples listed in the findings:				
d. Women's Hall, Laundry - The door did not have positive latching hardware and would not close due to dragging on the floor and hitting the door frame.				
e. TV Room - The doors from the corridor to the room have been removed. Note: Corrected while surveyor was on site.				
 Based on observation the facility was not maintained in a safe manner by a failure to to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. 				
Findings on 05/20/2016: a. Wall Mounted Emergency Light - The light outside the dining room is detached from the wall only works sporadically when tested.				
 b. Women's Hall - Wall Mounted Emergency Light - The light adjacent to room #45 did not operate when tested. 				
Based on observation there is a failure to maintain the facility's electrical and plumbing equipment in operating condition as plumbing fixtures that were in disrepair or electrical equipment that is inoperable.				
Finding on 05/18/2016: a. Women's Hall, Room #43 - There is no shower head mounted in the shower stall.				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 closets and storage rooms did not have positive latching hardware as evidenced but not limited to the examples listed in the findings: d. Women's Hall, Laundry - The door did not have positive latching hardware and would not close due to dragging on the floor and hitting the door frame. e. TV Room - The doors from the corridor to the room have been removed. Note: Corrected while surveyor was on site. 3. Based on observation the facility was not maintained in a safe manner by a failure to to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. Findings on 05/20/2016: a. Wall Mounted Emergency Light - The light outside the dining room is detached from the wall only works sporadically when tested. b. Women's Hall - Wall Mounted Emergency Light - The light adjacent to room #45 did not operate when tested. 4. Based on observation there is a failure to maintain the facility's electrical and plumbing equipment in operating condition as plumbing fixtures that were in disrepair or electrical equipment that is inoperable. Finding on 05/18/2016: a. Women's Hall, Room #43 - There is no shower	SUMMARY STATEMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 closets and storage rooms did not have positive latching hardware as evidenced but not limited to the examples listed in the findings: d. Women's Hall, Laundry - The door did not have positive latching hardware and would not close due to dragging on the floor and hitting the door frame. e. TV Room - The doors from the corridor to the room have been removed. Note: Corrected while surveyor was on site. 3. Based on observation the facility was not maintained in a safe manner by a failure to to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. Findings on 05/20/2016: a. Wall Mounted Emergency Light - The light outside the dining room is detached from the wall only works sporadically when tested. b. Women's Hall - Wall Mounted Emergency Light - The light adjacent to room #45 did not operate when tested. 4. Based on observation there is a failure to maintain the facility's electrical and plumbing equipment in operating condition as plumbing fixtures that were in disrepair or electrical equipment that is inoperable. Finding on 05/18/2016: a. Women's Hall, Room #43 - There is no shower	SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES (SECH DEFICIENCY) MIST BE PRECEDED BY FULL (REGULATORY OR LSG IDENTIFYING INFORMATION) Continued From page 5 closets and storage rooms did not have positive latching hardware as evidenced but not limited to the examples listed in the findings: d. Women's Hall, Laundry - The door did not have positive latching hardware and would not close due to dragging on the floor and hitting the door frame. e. TV Room - The doors from the corridor to the room have been removed. Note: Corrected while surveyor was on site. 3. Based on observation the facility was not maintained in a safe manner by a failure to to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits and corridors were not illuminated during a power outage. Findings on 05/20/2016: a. Wall Mounted Emergency Light - The light outside the dining room is detached from the wall only works sporadically when tested. b. Women's Hall - Wall Mounted Emergency Light - The light adjacent to room #45 did not operate when tested. 4. Based on observation there is a failure to maintain the facility's electrical and plumbing equipment in operating condition as plumbing fixtures that were in disrepair or electrical equipment that is inoperable. Finding on 05/18/2016: a. Women's Hall, Room #43 - There is no shower	

Division of Health Service Regulation

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C 189	Continued From page 6	C 189			
	 b. Women's Hall, Room #43 - Hot water was not available from the sink faucet. 				
	c. Women's Hall, Room #30 - The electrical plug from the thru wall HVAC unit electical cord has been cut and removed.				
	,				

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